

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CDS APR 2 3 2002
TEOH CENTER 1600/2900

Thomas C. Arter
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Robert F. Winterkorn

For

: DRY ALALYTICAL ELEMENT FOR ACETOMINOPHEN ASSAY

MATCH & RETURN

Express Mail Certificate

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EL327259874US

Date of Deposit:

April 18, 2002

CPA REQUEST

I hereby certify that this Continued Prosecution Application Request, including Information Disclosure Statement, Form 1449 (with references) and MPEP 609, are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, BOX CPA, Washington, D.C. 20231.

Karen Hall-Morgan

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

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O Add	ress	ito: 🗚	9				Atton	ney Dock	et No.	CDS-5			
Z.	TRA	DEMARK	Commiss	sioner for	PA REC	QUEST	First	Named Ir	ventor	Thoma Arter			
			Box CPA	ton, DC 2			Expre	ess Mail L	.abel No.	EL327	259874	lus	
1.53	3(d)	(con	uest for a	secution] continua applicati	on (CPA)) on Element for	of prior	r applica	oplication tion numb nen Assa	oer 08/49	7 CFR 93,442, 금 음		
		C-I- I 1.53	P NOT PERN B(d), but must	IITTED: A c be filed unde	continuation-in er 37 CFR 1.5	NOTES -part application (3(b).	n cannot	be filed as a	a CPA under	37 CFR	CENTER	APR 2 3	
		expi mus abai ACC conf is er prior appl	ressly abando It be used to fi Indoned. CESS TO PRI Indidentiality by the It is application in It is a second to the It is a second	on the prior apile a continual OR APPLIC the applicant the provisions ay be given fications in the	cATION: The under 35 U.S of 37 CFR 1 similar accesses file jacket.	APPLICATION of the filing date al, or continuation filing of this CF S.C. 122 to the .14 to access to s to, copies of, and reference to be could be submit	of the reconsin-part PA will be extent the copies or similar	quest for a C t of an applic e construed eat any men of, or inform information	to include a value of the policy of the policy concerning, is needed in	waiver of ublic who ming, the other	CENTER 1600/2900	2 3 2002	
		appl by 3	lication is subl	nitted it will i	not be entere	d. A request for ssigned the ap	ra CPA	is the speci	fic reference	requirea	· ·		
1.		Enter t	the unente Rejection) i	red amend n the prior	dment pre r nonprovi	viously filed sional applic	on cation.	under	37 CFR 1	.116 (Am	endmer	nt Afte	:r
2.		A Prei	iminary An	nendment	is enclose	ed.							
	This (d)(cation is file	ed by fewe	er than all	the inventor	s name	ed in the p	orior applic	cation, 37	CFR 1.	53	
		а. 🗌				tor(s) named							
		b. 🗌	The inve	ntor(s) to	be deleted	are set fort	h on a	separate	sheet atta	ched here	eto.		
4.		A new	Power of	Attorney o	r authoriza	ation of ager	nt (PTC)/SB/81) i	s enclose	d.			

5. Information Disclosure Statement (IDS) is enclosed:

a. 🛛 PTO-1449

CLAIMS	(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Calculations								
		14diliber 1 lieu											
	Total Claims (37 CFR 1.16(c))	8 - 20 =	0	x \$ 18.00	\$ 0.00								
PE	Independent Claims (37 CFR 1.16(b))	1 - 3=	О	x \$ 84.00	s 0.00								
100	Multiple Dependent (37 CFR 1.16(d)												
8 2002				Basic Fee (37 CFR 1.16(a))	\$ 740.00								
.9			Total of above	Calculations =	\$ 740.00								
DEMARIE	Reduction by	0% for filing by small	entity (Note 37 CFR 1.	9, 1.27, 1.28)									
h			redit overpayments or o	TOTAL =	\$ 740.00								
7. A check in the amount of \$ is enclosed. 8. Other:													
NOTE: The prior application's correspondence address will													
NOIE.	over to this CPA UNLESS a new correspondence address is												
	provid	ed below.											
9. CORRESPONDENCE ADDRESS ☑ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below													
□ Custo	mer Number	or Bar Code Label 00	00027777 or ☐ Cor	respondence A	daress below								
Name: Philip S. Johnson, Esq.													
Address:	Johnson	Johnson & Johnson											
One Johnson & Johnson Plaza													
New Brunswick, NJ 08933-7003 USA 10. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Todd F. Volyn at: Telephone: (732) 524-6202 Fax: (732) 524-2808 11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED													
										APR CEN			
								NAME	1 od	d F. Volyn			<u> </u>
								SIGNAT	URE	Fed F. Up	7		ECEIVED APR 2 3 2002 CENTER 1600/290
								DATE		I 18, 2002			ED /2900